

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/						51			
2			/						52			
3			/						53			
4			/						54			
5			/						55			
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45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep			2						Total Indep			
Total Depend			18						Total Depend			
Total Claims			20						Total Claims			